



# Authorization for Routine Health Services for Minors

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Custody: \_\_\_\_\_ County of Custody: \_\_\_\_\_ Region of Custody: \_\_\_\_\_

**This document verifies that \_\_\_\_\_ is in the legal custody of the Tennessee Department of Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.**

## Child/Youth

*(The information below must be fully explained to the minor; minor does not sign form)*

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, immunizations, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, and other medical procedures not listed generally governed by implied consent guidelines in the community setting. If you choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

## Parent/Guardian

I, \_\_\_\_\_, understand that it may be necessary for the Tennessee Department of Children's Services to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care. I have also been informed that if I choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

\_\_\_\_\_  
*Parent's or Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness' Signature*

\_\_\_\_\_  
*Date*

Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.

*This is the current version of this form. Please disregard all previous versions prior to the date listed below.*